## PART B - FEE(S) TRANSMITTAL -

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected maintenance fee notification	below or directed of	herwise in Block 1, by (	(a) specifying a new corre	spondence address; as	id/or (b) indicating a sep	t correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
27123 7590 10/18/2006				Certificate of Mailing or Transmission			
MORGAN & FI 3 WORLD FINAN NEW YORK, NY	NCIAL CENTER		I he Sta add trar	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/801,598 03/17/2004			Sakari Kotola	4208-4183 (NC45113) 1909		1909	
TITLE OF INVENTION: S	SYSTEM AND METH	HOD FOR REMOTE SEF	RVICE INFORMATION				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/18/2007	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS				
NGUYEN, SIMON		2618	455-566000	J			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			MORCAN S. HINNHYANI I.I.				
Change of correspond Address form PTO/SB/I	dence address (or Cha	nge of Correspondence	(1) the names of up to or agents OR, alternation		tomeys		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA	A TO BE PRINTED ON	I THE PATENT (print or type	pe)			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identi n 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the part of the part o	atent. If an assignee i	s identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Nokia Corporation			Espoo, Finland				
Please check the appropriate	e assignce category or	categories (will not be pr	rinted on the patent) :	Individual Corpo	ration or other private gro	oup entity Government	
4a. The following fee(s) are	submitted:	4t	o. Payment of Fee(s): (Plea	Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)			
Issue Fee Publication Fee (No s	mall autitu diannus u	:44 - 45	A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of	f Copies		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-4500 (enclose an extra copy of this form).				
5. Change in Entity Status  a. Applicant claims Si	•	,	☐ b. Applicant is no long	ger claiming SMALL )	ENTITY status. See 37 Cl	FR 1.27(g)(2).	
NOTE: The Issue Fee and P interest as shown by the reco	ublidation Fee (if requ	aired) will not be accepted	d from anyone other than the				
Authorized Signature			Date 2006				
Typed or printed name John E. Hoel			Registration No. 26,279				
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